

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	SYSTEM AND METHOD FOR TREATMENT OF INDUSTRIAL WASTEWATER
Attorney Docket Number::	BROOK-LEVI3
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
<b>Applicant Information</b>	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israeli
Status::	Full Capacity

Given Name::	Edward
Middle Name::	
Family Name::	BROOK-LEVINSON
Name Suffix::	
City of Residence::	Petach Tikva
State or Province of Residence::	
Country of Residence::	Israel
Street of Mailing Address::	11 Hana Senesh Street
City of Mailing Address::	Petach Tikva
State or Province of Mailing Address::	49507
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israeli
Status::	Full Capacity
Given Name::	Yevgenia
Middle Name::	
Family Name::	DOBROKHOTOV
Name Suffix::	
City of Residence::	Herzliya
State or Province of Residence::	
Country of Residence::	Israel
Street of Mailing Address::	7 Revavim Street
City of Mailing Address::	Herzliya
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	46240
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israeli
Status::	Full Capacity
Given Name::	David
Middle Name::	
Family Name::	GUREVICH

Name Suffix::

City of Residence:: Ariel

State or Province of Residence::

Country of Residence:: Israel

Street of Mailing Address:: 4 Hevron Street

City of Mailing Address:: Ariel

State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 44837

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application:: Continuity Type:: Parent Parent Filing

Application:: Date::

This Application National Stage of PCT/IL05/000172 02-10-05

**Foreign Priority Information**

Country:: Application Number:: Filing Date:: Priority Claimed::

Israel 160384 02-12-04 Yes

**Assignment Information**

Assignee Name:: Uniqkleen-Wastewater Treatment Ltd.

Street of Mailing Address:: P.O. Box 73

City of Mailing Address:: Migdal Ha'emek

State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 23100